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ORIGINAL DEPARTMENT.

Communications.

MEDICAL FRAGMENTS

By A. P. DUTCHER, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania

(Continued from page 457.)

Pelvic Cellulitis

Cellular tissue is one of the most common products of the human body. It is found in every locality, but in no part of the system is it so abundant as in the structure of the soft parts contained within the pelvis. Thus, between the layers of the broad ligaments, between the vagina and the rectum, between the iliac muscles and the bones, and indeed, in every other part of the pelvis, there is no want of this tissue. It is an inflammation of this structure that constitutes *pelvic cellulitis*. It has been observed in both sexes, and at all ages, but puerperal women are more subject to it than others. When it occurs soon after delivery, it always proves a very distressing and dangerous malady, especially if the attack is very acute and the inflammation very extensive. In such instances the case may terminate in effusion, suppuration, and ulceration, and after a very tedious process the abscess may be evacuated by the matter making its way through the vagina, rectum, or pelvic fascia, and the patient ultimately recover, while in some very rare instances the abscess may be discharged into the cavity of the peritoneum, and fatal peritonitis immediately ensue.

This was the sad issue of a case which I was recently called to see. The patient was a young woman in her first confinement. I was informed by her attending physician, that she had a very short and easy labor, and that she appeared to be recovering very rapidly, when on the evening of the fifth day, after confinement, without any obvious cause, she had severe rigors, which were followed by fever, pain in the head, back, and limbs, severe pain in the left side low down, and dysuria, accompanied with considerable tenderness on pressure in the left iliac region. Her

pulse was full and very rapid, and her breathing hurried; bowels costive. Not regarding the case as very serious, the doctor dismissed it by prescribing a dose of castor oil, warm drinks, and a mustard poultice over the iliac region.

She passed a very uncomfortable night. In the morning there was a slight abatement in her symptoms, and she slept some. At the middle of the day she had severe rigors, which lasted for two hours, and was followed by fever, and an increase of the pain in the iliac region; thirst, nausea, and pain in the head and limbs. On the following day, the above symptoms were not so severe. There was great tenderness now over nearly the whole abdomen, and a tumor about the size of an egg was discovered in the left iliac region. For two weeks her symptoms varied but little from those just described. Her suffering was described as being very great, and at times almost beyond endurance. Her medical attendant had never met with such a case, and his treatment was in no way calculated to meet the wants of her malady. At the time I was called to see her, he said her disorder had turned to the fever and ague, and was giving antiperiodic medicine.

It is true, she had symptoms of intermitting fever, but they were not from miasm, but hectic—from local irritation and the absorption of pyoid matter in the blood. Her pulse was very small and rapid; 130 per minute. She naturally had a beautiful dark blue eye, and at this time it was lit up by an unearthly brilliancy, and the bright red flush upon her cheek, was more marked from the pearly whiteness of the skin that surrounded it. Her countenance bore an expression of great suffering; and for the last few days she has emaciated very rapidly. Her pain is not so severe as it was at first; then it was continual, but now it occurs mostly in paroxysms, and is the most severe at night. The tumor that was noticed in the left iliac region, now occupies nearly two-thirds of its space and a portion of the hypogastric region, extending to within a short distance of the mesial line. It is quite dull on percussion, and tender on pressure. On examination per vaginam the internal surface of the tumor can be distinctly made out. Feeling well satisfied that the tumor contained pus, and believing that the

immediate evacuation of its contents was imperative, I set early the next morning to open it.

But this procrastination was fatal to the patient. When I called early the next morning, I found her dying. Early in the evening her nurse had attempted to change her posture in the bed, when all at once she exclaimed, "The tumor has broken!" "My bowels are on fire!" For four hours she suffered the most excruciating agony from the intense pain in the bowels. After this she became quiet, and fell into a comfortable sleep. About five in the morning she awoke; said she felt much better; had no pain, and hoped that she would soon be well. Delusive hope! About eight o'clock she complained that the room had become very dark, and desired that the curtains might be removed from the windows. A few moments after, when I arrived, she could not see. Her breathing was very hurried, her pulse could scarcely be felt; her skin was cold and clammy, and while I stood gazing at her heaving breast, and sightless eyes, death emancipated her spirit from its earthly tabernacle, and translated it to the paradise of God.

The tumor was gone. It had discharged its contents into the cavity of the peritoneum. These pelvic tumors from cellulitis should never be suffered to ulcerate. It is bad practice to allow them to do so. As soon as the diagnosis of such a tumor is clearly made out, it should be evacuated through the walls of the vagina, by means of a large trocar. In the hands of a skilful surgeon, this operation is neither difficult nor dangerous. In this way much future suffering may be avoided, and sometimes a valuable life saved. If this operation had been resorted to in the above case, even at so late a period as my first visit, there is a reasonable probability that the patient might have recovered.

For a good description of pelvic cellulitis, its pathology, diagnosis, and treatment, I would refer the reader to Dr. SIMPSON's *Clinical Lectures on the Diseases of Women*. He has given two lectures on this subject, which are replete with knowledge such as no physician should be ignorant of who is much engaged in the practice of midwifery.

Biliary Calculi: Phenomena which sometimes attend their expulsion from the Gall-bladder.

There are few disorders the diagnosis of which is involved in more uncertainty than biliary calculi. Indeed, the gall-bladder has occasionally been found full of them, in the bodies of individuals, in whom nothing had occurred during life to suggest a suspicion of their existence. But such individuals may be regarded as having been very fortunate. It has been ascertained, that while they remain in the gall-bladder, they are

not a source of much trouble, but this cannot be said of their exit. This is always attended with more or less suffering; suffering, in some instances the most acute the human system is capable of enduring.

There are three ways by which a biliary concretion may make its exit from the gall-bladder; first, through the gall ducts; second, by ulceration between the gall-bladder or duct and the intestinal canal; and, third, by ulceration in the coats of the biliary passages into the abdominal parieties. In each of these instances, the phenomena will be quite different, but not always of such a uniform character that we could positively affirm that the patient was suffering from the passage of biliary calculi.

It is true, that in the passage of biliary concretions through the gall ducts, we have a series of symptoms that are somewhat uniform in nearly every case. Thus, in nearly every case there will be pain, and this will be graduated by the size of the calculi and the time they occupy in making their passage through the gall ducts. When the concretions are small and their passage easy, they will give rise to but little pain; but, on the other hand, where they are large, and their passage difficult, the pain will be greater and of much longer duration. In nearly every case the pain will be found uniformly located at the pit of the stomach, or more inclining to the right side, and is generally intermitting in its character. When the pain is very acute it is uniformly attended with nausea, vomiting, shortness of the breath, restlessness and anxiety. The pulse is also generally reduced below the normal standard both in strength and frequency. Where the paroxysm is of unusual duration, he will also uniformly have symptoms of prostration, the pulse will become rapid and weak, the surface of the body bedewed with cold perspiration, and the mind insensible to surrounding objects. Now, if we will group all these symptoms together, we will have an outline picture of the phenomena which attend the expulsion of biliary concretions from the gall-bladder by way of the gall ducts.

In the second case, where the calculus is discharged by ulceration, the phenomena will differ very much from that just described. Here we will have the symptoms of suppurative disease. I had a very striking illustration of this in the case of MARY T. When I first saw her she had been in ill health for more than two years; during which time, so far as I could learn, her symptoms had been very eccentric. Sometimes, for days, she would be troubled with headache, pain in the stomach, costiveness and a want of appetite. At other times she would have pain

in the back, limbs, and hypogastrium. The slightest exertion would be attended with severe pain in the right side, with palpitation of the heart and shortness of breath. Sometimes her menses were very regular and profuse, at others irregular and scanty. She had frequent attacks of bronchial catarrh, attended with its common symptoms, chills, fever, and expectoration. In connection with all these troubles she had occasional paroxysms of hysteria. Such had been the symptoms which annoyed her by day, and rendered her miserable by night, for the long period above mentioned. Several eminent physicians had been consulted, but no two of them agreed in opinion as to the nature of her malady. Biliary calculi had never once been hinted at as the possible cause of all her troubles. The last physician who attended her regarded her disease as pulmonary tuberculosis.

At the time of my visit she had some symptoms of tuberculosis, but the physical signs of the disease were entirely wanting. She had cough, expectoration, chills, fever, night-sweats, a rapid jerking pulse, and the expression of her countenance indicated the hectic diathesis. On inspecting the chest no inequality could be detected in its expansion movements. Percussion yielded, no dulness on either side; and auscultation nothing but mucous ronchi. There was dullness, tenderness, and induration in the inferior region of the liver. Her stomach was irritable and retained food with difficulty, and at times she was troubled with vomiting and hiccuph. Her bowels were relaxed and the stools clay-colored. The urine was abundant, and after reposing a short time, deposited purpurine in large quantities. There was also tenderness in the region of the right kidney, and pressure at this point produced pain in the region of the tenderness and induration. She could not lie upon either side; feels the most comfortable when the chest is very much elevated and the thighs are flexed upon the abdomen.

These symptoms all pointed out the existence of *hepatic abscess*, situated in the region of the gall-bladder. Opium and quinine were prescribed. For two days she suffered intensely. Calling on the morning of the third day I found her very much better. Her nurse showed me several stools that had been passed during the night; they were composed mostly of mucus, pus, blood, bile, and five large concretions. On examination they proved to be biliary calculi. They were of a dark chestnut-color, irregular in shape, of a very hard consistency, and the largest over a quarter of an inch in its longest diameter. In the course of two days several more were passed, making twelve in all. By the

use of tonics and a generous diet, she soon regained her wonted health, which has remained very good ever since. She was twenty-eight years of age; nervous-bilious temperament; of active habits, and very temperate in her eating and drinking.

LODGEMENT OF FALSE TEETH IN THE CESOPHAGUS.

By JOHN SWINBURNE, M. D.,
of Albany, N. Y.

A few evenings since, Dr. BAILEY, of this city, called on me late at night, saying, that one of his patients had swallowed two false teeth, with the gold plate attached, and that the mass was lodged in the cesophagus between the os hyoid and the sternum.

From a case which had been previously brought to my knowledge, and which resulted fatally, I was naturally led to ruminate upon the most feasible and safe method of extraction. The result of the fatal case, a short history of which I will give by way of illustration, admonished me, that the bucket or sponge of the probang, were inadmissible on account of the nature of the foreign body.

Then the merit of the gullet forceps was discussed with favor, *i. e.* if the substance sought was within its reach or above the sternum.

Excision was in turn mentally discussed, and to such an extent that during our walk to the house, my friend thought me a very silent companion.

The patient was sitting up, and expectorating a large amount of thick, tough mucus, as the result of the irritation, and seemed very anxious as to the result. She was soon quieted. Upon examination, I found the foreign body occupying the position indicated by the doctor.

The gullet forceps were passed so as to find the metallic body, when the blades were opened so as to grasp the object. The first and second attempts at extraction failed, while the third effort was crowned with full success, and though the forceps lost their hold upon the arm of the gold plate, just as it emerged from the fauces, I had the satisfaction of seeing the body forcibly thrown forward into the mouth, greatly to the joy of our patient.

The plate was about one and a half inches in length and three-fourths of an inch in width, one clasp of which had been broken off, and which was the cause of the disaster. These were two front teeth, attached close together, while the two arms reach out some distance on either side, to obtain firm hold of the adjoining teeth, making the plate really much longer than it would otherwise have been.

The other case occurred in April, 1861.

In the course of some altercations, P. B., a young, strong, and vigorous man, received a blow in the mouth, which broke the clasps of a gold plate containing four false teeth. This slid into the fauces, and produced much choking and strangling; soon this ceased in a measure; still he felt that it had not passed down beyond the sternum, though he stated to me that he swallowed fluid freely. The injury occurred about one, P. M., and he partook freely of sepon and milk at seven, P. M. Up to the time when the probang was passed, the pain felt was near the sternum or below the larynx. At eight o'clock, P. M., he proceeded to the office of a physician, when the button of the probang was passed and the patient forcibly withdrew the instrument. Four consecutive attempts were made with the bucket, and twice did the patient forcibly withdraw the instrument. The attendant pain he described as being very severe, followed by vomiting, and spitting of much blood at the time. This continued freely all night, and most of next day. Much clotted blood was vomited. At eight and a half o'clock the same evening, the patient called upon another physician, who simply explored the parts with the sponge probang, discovered the nature of the injury, and desisted from any further effort. About eleven, P. M., emphysema was discovered, over a space equal to about ten inches in diameter, and extending over the upper end of sternum, face, and neck, and most upon the right side. I saw the patient the next day, and found the condition as described. The fact that the lung had been wounded, either from the bucket of the probang or the gold plate, coupled with other symptoms, such as dyspnoea, etc., induced me to advise non-interference. The subsequent post-mortem confirmed the prudence of the advice.

This patient died some days subsequent after severe suffering, being unable to swallow solid food, and fluids only in a very limited quantity, while the dyspnoea remained exceedingly oppressive.

DISSECTION.—Post-mortem about twenty-four hours after death. The emphysema still existed to some extent. There was much swelling of the neck, which, upon dissection, proved to be composed principally of imperfectly formed pus, holding in suspension a large amount of flocculent, fibrous tissue, looking not unlike shreds of linen or cotton fibre, mixed intimately with pus; the abscess extended several inches in front, from the sternum to the os hyoid, isolating the oesophagus for about two inches, and burrowing among the muscles of the right side of the neck. The plate was found obliquely across the neck,

just behind the superior border of the sternum, its concavity looking forward and upward, its right extremity was the lowest, being in contact with the lung.

The oesophagus was ulcerated through, on both sides, so that all the fluid food taken passed out of its right side, and thence run into and filled the pleural cavity. Of course, pleuro-pneumonia supervened, and resulted in compression and destruction of the lung proper.

I found the plate, as before stated, contained four teeth, three together on the left side—a space of two teeth intervening, and the fourth tooth was placed on a prong or shaft—both clasps were broken, leaving the remaining plate about one and a half inches in length, and about three-fourths of an inch wide, while the edges of the plate were so sharp as readily to cut through the tissues, upon the application of any considerable force, sufficient to change the longitudinal axis to a transverse one, as would be the case if the bucket of the probang were to be caught on the inferior border of the plate near its centre.

The question naturally arises, would the same result have followed if the gullet forceps had been used? Would the blades of the forceps occupy the same amount of space as the bucket? Would not the long axis of the plate naturally correspond with that of the oesophagus? and would not the passage of the bucket by the side of the plate naturally force it out of the longitudinal axis? Could the bucket be made to pass by so large a body without rupturing the oesophagus? Is there any obstacle to the passage of this or any other body at this point, any more than there is at any point above? If not, then why was not the oesophagus cut above the point indicated? That the wound in the oesophagus was not the result of ulceration alone, is evidenced by the fact that much blood and vomiting followed the efforts at extraction, as did also the emphysema, showing that the wound in the lung and oesophagus was produced nearly simultaneously, and was probably the result of either the spasmodic vomiting or the efforts at extraction. In a case of this kind the forceps present this advantage, that they need not be passed by the foreign body, but rather grasp the superior presenting part, and thence keep the long axis of the plate parallel. By this means it is possible, that material injury to the soft parts might have been avoided. By this I do not mean to cast any imputation, since any of us, without due reflection, would unquestionably fall into the same error, if error it was.

I frankly confess, that without the experience arising from this case, I should have applied the bucket to the case herein reported as having been so successfully relieved by the gullet forceps.

The probabilities are, that no treatment would have changed the status of the fatal case, still it is equally important that we should bear in mind the dangers which beset the extraction of this kind of foreign substance; and, also, the importance of using the kind of instrument which is the most effectual and the least dangerous to life.

I have the verbal history of two cases which proved fatal from suffocation before any relief could be extended, and all from a little neglect in wearing plates with but one clasp. Before any attempt at removal be tried, the nature of the foreign body should be taken into consideration. If it be of such a nature as to be readily passed through the alimentary canal, and no objections to its passage either down the oesophagus or through the alimentary canal, then it should be passed down at once.

On the contrary, if it be a large or irregular mass, and of such a nature that it cannot be safely passed through the oesophagus, nor pass readily out of the stomach, then it should be extracted, and that too by some instrument like forceps, which can seize the superior portion, and thus be extracted as it passed down, i. e., the long axis of the foreign body shall correspond to the long axis of the oesophagus.

Hospital Reports.

N. Y. MEDICAL COLLEGE AND CHARITY HOSPITAL.

CLINIC OF PROF. JACOBI.

Anæmia.

Female, 10 years of age. There is feeble pulse in this case, with hypertrophy of the heart. In hypertrophy of the heart we have more blood in the arteries than natural; but when the heart becomes hypertrophic by contraction of the arteries from ossification or otherwise, or from valvular disease, we may have deficiency of blood in the arteries and at the same time hypertrophy. Put this patient upon tonics such as meat, milk, eggs, etc. She has taken powdered iron, and is a little improved; continued the same treatment. Three hours a day at school is enough.

Catarrh of the Vagina.

Child one year of age; she has been sick two weeks: passes water more frequently than usual and appears to have pain. The catarrh appeared some time before there was observed any pain in passing water, showing that the primary irritation is not of the bladder or urethra. The discharge is mucopurulent, proceeding from all parts of the vagina alike, which presents a reddened appearance. This kind of discharge may be produced by cold, masturbation, scratching, or by worms in the intestines or vagina. The principal kinds of worms found in the intestines are ascaris lumbricoides and oxyurus vermicularis, the latter of which being not more than half an inch in length, and very active sometimes creep from the rectum and pass into the vagina where they remain and produce irritation. Gon-

orrhœa infection must not be excluded from the list of causes of this discharge. The treatment consists in cleaning the parts and making some local application as the nitrate of silver, tannin, etc. Of tannin take half an ounce and dissolve it in a half pint of water, and inject a little with a very fine syringe five or six times a day. In case of gonorrhœa I always use these injections, two to four grains to the ounce usually after each passage of water.

Paralysis.

Male, 4 years of age. There is some doubt as to the cause of the paralysis. If produced by effusion we would use stimulants to promote absorption. In general spinal paralysis, as in this case, we first have paralysis of the lower extremities and afterward of the bladder and on improvement the bladder will be first restored. By pinching the skin on this boy's leg the flexors are excited by reflex action and his legs are drawn up involuntarily, exhibiting a beautiful illustration of reflex action.

Kyphosis.

Female, 4 years of age. Posterior curvature of the spine, the result of disease of the cartilages of the vertebra; this is a result of inflammation, it having the effect to produce swelling, and softening and giving away of a portion. If there is a curvature posteriorly we will find, as in this case, another anteriorly in another place to produce compensation or equilibrium; and this is why the viscera are thrown forward, producing a prominent abdomen, or upon one side or the other. The treatment should consist of antiphlogistics and tonics.

Croup.

The Professor here exhibited the larynx, trachea and lungs of a child who had died of croup, in Hoboken, and upon whom he had performed tracheotomy. The patient was a female, 11 years of age. It had been attended a few days for catarrh of the larynx, and for five or six days had shown signs of croup, dyspœa, prolonged inspiration, etc., and when he first saw it there had been some cyanosis for the last twenty-four hours. After the operation there was considerable relief of the alarming symptoms. A quantity of pseudo-membrane was thrown out confirming the diagnosis of croup, and the prognosis was unfavorable for the same reason.

The operation is designed to allow respiration below the point of operating, but when the membrane extends below this point so as to interfere with respiration the case must be fatal. New membrane formed, but the child seemed better with a pulse of one hundred and twenty-five, and respiration of forty-eight. The same evening shreds of membrane two or three inches long, had been removed by coughing, rendering the prognosis still more unfavorable. The next morning the child was still sitting up and had taken a little quinine. A feather introduced some distance below the bifurcation of the trachea produced no effort of coughing, which showed that the mucous surface was covered with membrane and not irritable as would have been evinced by coughing. By turning the feather forcibly in the trachea a cylinder of membrane three and a half inches in length, was detached and drawn out. The next day the child had been sitting up without a moment's sleep, and made signs to have the feather again introduced, which was done, but brought away only a flat piece of membrane. A solution of nitrate of silver of a drachm to the ounce was then injected with no apparent relief. The child died the second night, and the next morning he made the post mortem.

The whole larynx was entirely blocked up by pseudo-membrane, and extended down below the

bifurcation, and the bronchi were mottled with patches of the same. In case of imminent suffocation from œdema of the glottis immediate relief will be obtained by simple scarification. The difference between the membrane of croup and that of diphtheria is, that in the former case, the membrane is easily detached while in the latter it adheres and seems to be incorporated with the tissues.

There was in this case laryngitis, tracheitis, bronchitis, and membranous exudations. I have learned that when the exudation extends below the bifurcation that there is little or no hope from an operation. In my opinion this child died from half an hour to an hour sooner than it would if I had not operated. I have never, however, had any bad effects from an operation properly performed in my own practice; although I have seen a case in the practice of a surgeon of my acquaintance in which inflammation ensued in consequence of pressure of the tube against the mucous membrane. The tube should be inserted exactly in the median line, and not allowed to press with either side against the trachea.

Pharyngitis.

Female, 11 years of age. Passes a great deal of phlegm through the nares and vomits it up morning and night. Commences coughing as soon as she lies down and coughs but little while sitting up. Mouth and throat dry in the morning, and she snores a great deal. There is slight injection of the whole pharynx. The snoring would be produced by enlarged tonsils and uvula. There is chronic pharyngitis extending up to the posterior nares and into the nostrils. She might use advantageously a gargle of alum and an expectorant mixture containing iodide of potassium, so as to take three grains of the potassium three times a day. I have seen good result from the local application of a solution of nitrate of silver sixty grains to the ounce of water, injected through the nares so as to come down into the pharynx.

UNIVERSITY HOSPITAL, NEW ORLEANS, Dec. 15, 1863.

Reported by Herman Bauer, Medical Cadet, U. S. A.

Comminuted Fracture of the Skull.

William A., private of the 173d N. Y., was admitted to University Hospital, New Orleans, the 17th of June, 1863. Three days previously he received a gunshot wound, the ball striking him a little above and in front of the right parietal eminence. When he came under our care, the edges of the wound had been drawn together tightly by sutures, in a not very creditable way to his first attendant. Patient was paralyzed on the left side.

The stitches were immediately removed and a cross incision made, so as to admit of diagnostic researches. The bone was found comminuted, the pieces were held inwardly, being held together by the pericranium, and greatly pressed upon the brain; this accounted for the existing paralysis. The loose pieces were removed and the sharp edges of the healthy bone trimmed; the whole opening amounted to about the size of a half dollar. The dura mater was uninjured and was vibrating with the pulsations of the brain.

Soon after this operation the hemiplegia gradually subsided. Granulations rose from the bottom of the cavity, which were cauterized every third day, and the patient's general health improved rapidly. The dressing applied, consisted of wet lint; no further treatment was pursued.

About the beginning of October the wound had

entirely healed, leaving to the patient no other inconvenience.

Gunshot Wound of Right Thigh, Ball found within Capsular Ligament of Hip-Joint.

Thomas W., 18 years old, private of 23d Wisconsin, was wounded at Opelousas, La., the 3d of November, 1863, and admitted to University Hospital, New Orleans, the 8th. The patient being transported to the city by railroad and ambulance, had already endured great suffering.

On examination it was found that the ball had entered his right thigh at about the origin of the vastus externus muscle, and still remained buried in the tissues, as there was no second orifice, unless it had left the limb through the wound of entrance. The bone was found entirely uninjured. At this date the thigh was much swollen and had a tendency to erysipelas inflammation. Tincture of iodine and elevation at the knee-joint were resorted to in combination with a supporting treatment. Soon after his arrival phlebitis ensued and all hopes for recovery were lost. On the 18th of November the patient expired.

A post mortem examination was made, and a spherical ball with a piece of the patient's clothing were found within the capsular ligament of the hip-joint, resting upon the surgical neck near the digital fossa in a little cavity scooped out by the projectile.

COLLEGE OF PHYSICIANS AND SURGEONS. New York.

CLINIC OF PROF. PARKER.

Hip Joint Disease.

Male, 12 years of age. The disease was first noticed a year ago last August. A large abscess has now formed, which is opened and discharges freely. Give him cod liver oil and syrup of the iodide of iron.

The second case of this disease presented was a male 8 years of age; he was at the clinic last week, at which time an opening was made which is now enlarged and cleared out with the probe. Matter is often retained by thin membranous partitions which can be easily broken down with the probe. The matter which escapes is in cheesy lumps mixed with a serous fluid and this is the characteristic discharge of scrofulous abscesses.

Curvature of the Spine.

Female, 5 years of age. As is often the case, one vertebra has decayed and the spine has fallen together in its place. Disease of the spine is common in this clinic and forms a large proportion of our scrofulous diseases. A laced jacket loosely worn, good nourishment, fresh air, cod liver oil and iodide of iron constitute the treatment.

Conjunctivitis.

Female, 40 years of age. A few drops of a solution of half a grain of nitrate of silver in an ounce of water night and morning. She has had obstructed menstruation seven years, and feeble health. Chronic ailments will always be found connected with some centric cause: local difficulties will not be perpetuated when the constitutional health is proper. A pill was given three times a day, composed of nux vomica, iron and aloes.

These cases are hopeful if you can retain the confidence of your patient; the great difference in the success of different practitioners consists in the

secret of their power to retain their patient and control all his living in such a way as to make it subserve his cure. Any man can, or ought to be able to treat an acute case, but to manage a chronic one successfully requires much more than simply to prescribe from the *materia medica*.

Onychia Maligna.

Female, 5 years of age. The treatment for this is removal of the nail, after which it will probably soon heal by the application of cold water dressing.

Paralysis from Concussion.

Concussion produces paralysis, which soon passes off unless inflammation and effusion ensue. Concussion of the brain may produce meningitis when the paralysis will be of longer duration and require different treatment. This is a case of primary paralysis. His health is no different in any respect since the injury. There is a great waste of strychnia in paralysis, it being simply useless in all cases attended by exudation; it is advisable when we want simply a nervous excitant. We will give this man the same combination as in the preceding case of conjunctivitis, viz.: *nux vom.*, *Vallet's mass*, and aloes.

EDITORIAL DEPARTMENT.

Reviews and Book Notices.

Mental Hygiene. By I. Ray, M. D. Boston: Ticknor & Fields, 1863. From J. B. Lippincott & Co.

The purpose of this work is mainly to expose the mischievous effects of many practices and customs prevalent in modern society, and to present some practical suggestions relative to the attainment of mental soundness and vigor. The topics discussed are Mental Hygiene as affected by Cerebral Conditions; by Physical Influences; by Mental Conditions and Influences; by the Practices of the Times; and lastly, by Tendency to Disease. These are severally elaborated in quite a thorough manner by the aid of the large and enlightened experience obtained by the author in the practice of *Psychiatry*; and not only may the medical man, but every one having the responsibility of the education of children, derive very valuable and useful hints from the study of the subject as here presented.

As a specimen of the author's manner of handling his subject, we quote the following questions and answers: "Is the development of the mind a result exclusively spiritual, or exclusively cerebral? When a person has grown wiser and better with ripening age, has the change been effected by increasing the delicacy of the organism or by developing the faculties independently of any such process? When the mental traits of the offspring resemble the parents, is it the physical or the spiritual element that has been transmitted?"

We know too little of the connection between mind and body to answer these questions very definitely. Each supposition is burdened with difficulties that indicate some radical defect in the common philosophy on this subject. It may be doubted if it is quite correct to consider the individual as composed of two things essentially distinct both in origin and nature, instead of regarding him as a being endowed with various powers which, though serving each a special purpose, form an harmonious whole—a single, individual man.

"The difficulty of explaining upon the common theory the facts that meet us at every turn, little as it may seem in some instances, is perfectly insuperable in others. When a sinner is suddenly turned from his wicked courses by an awakening appeal, or a painter has embodied upon the canvass some newborn conception of his fancy, it is obviously a practical absurdity to suppose that these persons have only experienced some change in arrangement of the organic particles of the brain. Equally absurd would it seem, to suppose that the disease, or injury, or old age, which has impaired the vigor of the intellect, acted immediately on the mental powers, leaving the nervous system endowed with all its original integrity and delicacy. In the cases here indicated, there can be no difference of opinion; but who would venture to make the requisite distinction in all the countless movements that constitute the mental life of the individual, ranging from the transitory emotions of the child to the profoundest deductions of the philosopher? and in those cases where we think we witness both a corporeal and a spiritual movement, who shall undertake to assign the part respectively borne by each? When a choleric mortal becomes red in the face and foams with rage, under the sense of insult or injury; or a troop of jolly companions are making merry over their liquor, we are accustomed to say that a movement of blood to the brain, or a fresh impulse of the nervous current, has given rise to a strong mental emotion, but beyond the simplest statement of the fact we can say nothing, though quite sure that this is not the only agency in the case. On the other hand, when we see the accomplished orator swaying at his will the convictions and passions of a vast assembly, we call it a triumph of mind; but we are obliged to admit that it is accompanied by an unwonted degree of cerebral activity. This doctrine of the unity of the individual man, as applied to the subject of mental hygiene, obliges us to be content with the general principle that whatever improves the physical qualities of the brain, also improves, in some way or other, the qualities of the mind, and that judicious exercise of the mind is followed by the same result. In both cases, in fact, we observe the same law of development whereby the systematic and appropriate exercise of a part is followed by increased vigor, capacity, and power of endurance, while a deficient or excessive exercise is followed by weakness and premature decay."

Proceeding on this view of the mutual relations of mind and body, a great number of circumstances of ordinary life are commented upon in their relation as causes of mental derangement. Ill health, derived from deficient attention to physical laws, the unremitting cares of family producing a state of nervous exhaustion and enfeeblement, especially in females, are regarded as a potent cause of cerebral disturbance; while on the other hand insufficient bodily occupation, especially if accompanied by over stimulation of mind by certain kinds of literature, whose perusal excite a prurient imagination, and creates an intense selfishness, is no less so.

The influences of foul air; of alcoholic stimulation; of exhausting labor; of anxiety for securing a living; of insufficiency of sleep; marriages of consanguinity; excessive mental energy, as lawyers, clergymen, judges, etc.; the demand upon the brains of the young in school, unaccompanied by sufficient physical exercise; religious excitement; with a long catalogue of other familiar circumstances affecting the mental powers, both directly and indirectly, through the physical frame, are discussed with much vigor and precision, and in a manner as attractive as instructive.

The following proposition of the author, will doubtless strike others, as it did us, with some surprise: "Among other agencies that affect the health of the mind, none exerts a wider influence, probably, than the diet." Reference is here made to solid food,

the question of drinks being separately considered. On reading this rather strongly expressed sentiment, we looked eagerly for the evidence to substantiate it, but failed to find it. The whole argument hinged upon it, is merely a general dissertation upon the relative value of animal and vegetable diet in the different relations of human life, and not an instance is quoted of insanity derived from the use of animal food against the indiscriminate indulgence in which a considerable effort is made.

Dr. RAY has, on the whole, performed an excellent service in writing this volume, whose perusal will furnish the practitioner of medicine with many useful hints for the treatment of cases of incipient mental disturbance, which are apt to occur in the professional experience of any one.

Periscope.

Urine in Typhoid Fever.

M. PRIMAVERA, of Naples, has for some time been observing the constituents of the urine in various diseases, and in reference to typhoid fever makes the following statements. We prepare the following abstract from an article translated for the *Boston Med. and Surg. Journal* from the *Revue Médicale*:

1. The complete absence of the chlorides from the urine is a pathognomonic diagnostic sign of typhoid fever. This valuable sign will serve to distinguish this fever from a simple and benignant fever, continuous or intermittent, in which the urine always contains an appreciable quantity of salts of this nature.

2. Urine passed during the ascending period, or even during the whole course of typhoid fever, when this has a fatal issue, shows not only an entire absence of the chlorides, but even a very considerable diminution of the phosphates and urates.

3. The first step towards convalescence is indicated better than by any other sign, by a rapid and very sensible increase of the phosphates.

4. The second phase of amelioration is shown by an analogous increase of the urates.

5. Finally, the re-appearance of the chlorides in the urine, however tardy, definitely indicates the recovery of the patient.

Ocular inspection is not always enough to calculate the quantity of the urates; although, when in excess, reveal their presence by making the urine turbid, or by throwing down a brick-dust deposit, it very often happens, also, that they remain in solution, owing to the presence of an alkaline bibasic phosphate which accompanies them. In this case it is sufficient, after cooling, to pour a few drops of acid into the urine, to see a large quantity of this liquid rendered turbid and thick from a copious precipitate of urates. Now as this precipitate resembles very much that which nitric acid produces in albuminous urine, M. PRIMAVERA advises in this case to employ acetic acid and not nitric, which precipitates both urates and albumen. It is also very probable, he adds, that the albumen often found in the urine of typhoid patients by certain practitioners who use nitric acid to the exclusion of all other reagents, is in reality nothing but urates.

Lead Colic arising from employment of Acetate of Lead.

Although cases of chronic lead-poisoning are of very common occurrence, we report this one for the interesting fact it affords as an opportunity of forming an opinion of the exact quantity of lead required

to induce colic, and produce the blue line on the gums so characteristic of this form of poisoning.

J. M., aged 30 years, suffering with phthisis, attended with a severe diarrhoea, for which vegetable astringents had been used without benefit; was then placed upon the use of a pill of opium and sulphate of copper three times daily, but as the patient did not get any better, and the diarrhoea continued without any signs of abatement, the sulphate of copper was stopped; and on the 7th July the patient was ordered a pill consisting of two grains of acetate of lead and half a grain of powdered opium, to be taken three times a day. As the diarrhoea did not abate for several days, the administration of the acetate of lead (four grains daily) was continued.

On the 2nd August the patient complained of colicky pains in the abdomen, and on the 4th a blue line on the gums was first noticed. The acetate of lead was immediately discontinued. The patient had now taken the acetate of lead during twenty-seven days at the rate of four grains a day, making in all 108 grains. 8th: Patient has no longer any pain in the abdomen. He has, however, fugitive pains in the limbs and back. Tongue clean and moist. Blue line on the gums still intense. 10th: The line on the gums is not so distinct as it was two days ago. It is not a broad blue line, but a very fine grey-colored line, close upon the teeth, looking almost as if it had been made by means of a leaden pencil. Patient is better, and no longer suffers from any pain. 13th: The blue line is still less distinct, but not entirely gone. In all other respects, in as far as the symptoms of lead-poisoning are concerned, the patient is quite well. 17th: Line on the gums still present; otherwise the patient continues well. Discharged.—*Dublin Medical Press.*

Spurious Diphtheria.

This is a name applied by some to an affection which in many respects, resembles diphtheria, and may be mistaken for it; yet differs essentially in nature and results from that disease. As in other epidemics there are many cases which approach in all general symptoms toward the prevalent affection, but never become as it were, fully developed, as to render an unequivocal diagnosis possible, so too, during the occurrence of diphtheria the same fact is noticed.

Mr. G. S. SMITH in the *Edinburgh Medical Journal* mentions that, during a recent outbreak of diphtheria, his attention was drawn toward a class of patients wherein the symptoms, general or local, never called for the vigorous plan of treatment as did those previously under his care. There was a good deal of muscular and nervous prostration, patient little disposed to make exertion, quite languid, usually denies anything is the matter, although at the time lying down. Appetite poor, tongue slightly coated with the papillæ projecting through it, usually complains of curious feeling in the throat as if pins were pricking it; tenderness under angle of the jaw. The tonsils and uvula are more or less tumefied, of a deeply congested appearance while over their surfaces are scattered small whitish irregular spots, as if one had shaken a box of white pepper upon the mucous membrane. Each spot is isolated and does not appear excavated, but apparently float on the mucus which moistens the throat.

The tongue indicates derangement of the digestive system, and the pulse is smaller and more frequent than in health. The treatment is very simple and efficient; a mild aperient, small doses of the tinct. ferri chlor., with a liberal and nourishing diet. In no cases will gargles be of more service. It is never fatal, and though accompanied with much debility, yet he has never seen paralysis nor albuminuria follow. The tonsils sometimes suppurate after an attack. The affection appeared most prevalent among young females.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JANUARY 23, 1864.

ANÆSTHESIA AND DR. HORACE WELLS.

We invite attention to a communication from Mr. G. Q. COLTON, of No. 22 Bond street, New York, on the subject here indicated which we this day publish. Mr. COLTON will doubtless be recognized by many of our readers as the person who has been engaged many years in lecturing on, and exhibiting the effects of the nitrous oxyd gas, and we believe it will be safe to confide in his statements. The facts which he discloses touching the recent use which he has made of the nitrous oxyd are of a most remarkable character, and pregnant with consequences which must be fatal to the pretensions of WM. T. G. MORTON. The last named character and his partizans have at no time denied the priority of WELLS in experimentation, but they have pertinaciously insisted that he failed, and that the nitrous oxyd is not an available anæsthetic agent. They do not condescend to look into the proofs, but their uniform cry is "failure!" "failure!" on the bare mention of the name of WELLS in connection with the subject of anæsthesia. This is certainly a very compendious way of treating the subject, but in view of the facts stated by Mr. COLTON, will scarcely answer any longer. They must now meet the stern realities of the case, and we doubt not the result will be the triumph of rectitude and truth to the utter overthrow of impudence and groundless pretensions. But we do not intend to enter upon an examination of this subject in this place. We shall, at no remote day, discuss it in all its bearings, and hope to lay before our readers material which will enable them to form a sound judgment on the entire matter. Let the communication of Mr. COLTON suffice for the present.

It is hardly necessary for us to add that we have no interest in this question, except such as is common to every citizen; but as the Editor of a public journal we feel bound to resist unjust or fraudulent claims in connection with Medicine and Surgery, and to advance the cause of merit in the same connection, to the end that every one, whether dead or living, may have an appreciation in conformity with the truth.

A "BLACK HOLE" IN NEW YORK.

Great complaints having been made of the condition of the Military Barracks in the Park in New York, Dr. LEWIS A. SAYRE, the city physician, was requested to inspect them and report on their condition. It seems that the general commanding the department fully aware of the evils connected with the barracks in that location had applied to the municipal authorities for authority to erect better ones on the Battery where there was ample space, but it was denied except on impossible conditions. An appropriation was made for the purpose of removing the barracks but for the reason stated it could not be used.

The condition of things in the Park Barracks becoming intolerable Dr. SAYRE visited them and found that there was an average of about 800 men in the barracks, who were under rather loose military discipline, and were not required to police their own quarters, and the labor devolved on three men, who though they seem to have done their duty to the extent of their ability, were entirely inadequate to the task, as, if properly performed it would be the work of fifty men. The natural consequence was an immense accumulation of all kinds of filth to the detriment of the health of the soldiers and of the locality.

Moreover, a room used for correctional purposes was found in a condition almost to rival the celebrated Black Hole of Calcutta and the Jersey Prison Ship.

This, which was denominated "the Pen," was found to be 15 feet wide, 20 feet long, 8 feet high to the peak and 8 feet to the eaves, boarded up on three sides tightly—the fourth, which faces on the barracks, directly opposite an immense stove, which is heated to a red heat, is formed by slats four inches wide and placed three inches apart.

In this 15x20 room there is not a bench or a stick of wood or anything to sit on, not even a post to lean against, except the four perpendicular sides of the room. There is not even straw to cover the floor, as a hog or horse would have, but the accumulated filth of many months is the only thing that separates the inmates from the naked floor.

In this "pen" are confined at the present time 61 men, and the officer in charge informed me that he had at one time as many as '77. Some of the men have been there from three to four months. They are thus imprisoned for various military offences, breach of military discipline and desertion, all huddled in this common "pen," sick and well together. A guard is placed over them to prevent escape, and the guard is in waiting to accompany them to the water-closet in the Park one at a time; the other 76 must wait their proper

turn, no matter how pressing the necessity from dysentery, diarrhoea or other cause, and of course the result of such barbarity can better be imagined than described.

These men are fed through the bars, taking the meat and bread in the fingers, no knives or forks being allowed; spoons are allowed once a day when they have soup. No blankets are allowed them unless they happened to have one themselves when placed there, and as but few of them are thus fortunate, they have therefore to lie upon the naked floor with the exception of the accumulation of filth and mud before referred to.

The Doctor informed me that by laying them upon their sides in spoon-fashion, and by close packing, putting the heads of one row on the bodies of the row in front, he could pack 45 in the pen; the rest are now taken out and chained to trees until these 45 have had some sleep, and then they are transferred.

The only mode of cleaning the apartment was by running in Croton water, from a hose through the slats, which forced the bones, pork-skins, potato-skins, etc., to the back corners of the room, and as it is nearly level, they remain there, and in some places are near an inch or two in depth.

The men are covered with lice and vermin, and the stench was almost unbearable.

Such is Dr. SAYRE's report and if it is not exaggerated it is certainly a very disgraceful and inexcuseable condition of things. If the municipal authorities refused Government facilities for erecting more commodious barracks in another locality, the latter should have taken possession of the ground needed, or gone elsewhere.

ALLEGED DEATH FROM INHALATION OF NITROUS OXYD GAS.

It was reported in the New York newspapers a few days ago, that a merchant of that city had died from the inhalation of nitrous oxyd gas. He had gone to the office of Dr. JOSEPH BURNETT for the purpose of having a tooth extracted, who, at his request, administered nitrous oxyd gas as an anaesthetic. For some time after the tooth was extracted he appeared to be recovering from the effects of the anaesthetic. Soon, however, he complained of being ill, and grew worse so rapidly that a physician was called in, who administered the usual restoratives in such cases. He continued to grow worse, and died in about two hours after the tooth was extracted.

Dr. GEO. B. BOUTON made a post-mortem examination on the body, when he found that deceased was very consumptive,—that one of his lungs was nearly gone, and the other considerably affected by disease. Dr. Bouton, in his testimony before the Jury, gave it as his opinion, that if deceased

had been in ordinary health, he would not have been injuriously affected by the inhalation of the gas.

The jury rendered the following verdict:

"We find that the deceased came to his death from congestion of the lungs induced by the administration of nitrous oxyd gas, for the purpose of extracting a tooth. We furthermore state that we would exonerate the person who administered the gas, from all criminal intent, but we think there should be an examination made by competent persons, in all cases where it is contemplated to administer said gas."

It is a very common, though a very grave error to look upon every *post hoc* as a *propter hoc*. In view of the pathological condition of the lungs of the patient, we have little doubt that the same result would have followed the extraction of the tooth if no anaesthetic had been taken. When a person has so slight a hold on life as this man had, so insignificant a circumstance as the extraction of a tooth might sufficiently derange the nervous and circulatory systems as to induce the congestion that caused the death. Many a death, we have no doubt, is attributed to anaesthetics that is due to the disturbing causes alluded to.

MEDICAL SOCIETIES OF NEW JERSEY, AND NEW YORK.

The *Ninety-eighth* annual meeting of the Medical Society of New Jersey will be held in Camden, on Tuesday next. The near approach of the centenary of this venerable society will add greatly to the interest of the meeting.

The Medical Society of the State of New York will hold its *Fifty-seventh* annual meeting in the city of Albany on the 2d of February, one week later than that of New Jersey.

These are two of the most efficient State Medical Societies we have, and they have done more probably, than all others to promote the organization and efficiency of our National society, the American Medical Association. There is an *esprit de corps*, about the profession of New Jersey as a whole, that will not be found, we think, in any other State. We trust that its approaching centenary will add new life to the Society, and that on that occasion *every County of the State will be represented*.

The Medical Society of the State of New York publishes, annually, the most extensive, and, in many respects, the best volume of *Transactions*

that is issued by any State Society. Much of its vigor and usefulness as a society is due to the exertions of its active and efficient Secretary, Dr. SYLVESTER WILLARD, of Albany, who devotes much time in advancing its interests. Dr. WILLARD, by his untiring energy and devotion, has laid the profession of New York under very great obligations.

It is our intention to attend both these meetings, and we hope to see a large representation of the profession of each State at their respective meetings.

Notes and Comments.

The Reporter and the Sanitary Commission.

If we had any doubt of the propriety of our position in respect to the unwarrantable course of the Sanitary Commission in its attempts to override the Medical Department of the Army, and of the Surgeon-General in tamely submitting to its dictation, the fact that it has met with the almost uniform approbation of the medical profession, of which we have evidence every day, would necessarily remove it. As a sample of professional feeling on the subject, we take the liberty of quoting a paragraph from a business letter recently received from a medical officer occupying a high position in the army.

He says: "Your able defence of the old Medical Corps of the Army is worthy of all praise, and the deserved castigation you so delicately administer now and then to the corrupt political institution known as the "United States Sanitary Commission," cannot fail to undeceive a generous but victimized public, which has so liberally contributed to swell the fat stipends of its army of agents and employees, under the guise of relief to the sick and wounded soldier."

Produce the Vouchers.

There is one thing in connection with the operations of the Sanitary Commission that we have failed to animadvert upon. We refer to *its irresponsibility*. An association of men who claim to impersonate the science and philanthropy of the country—who boast that they represent the people, and that they are made the almoners of millions of their money—who assume to be a political power in the land, and set up and knock down Surgeon-Generals at their will, and lift the rod even over the head of our Chief Magistrate, and endeavor to drive him to doing their bidding, should let the

people know what it does with all the money that passes through its hands. How much of it is paid for house rent, and in chartering and running steamboats, and other works of supererogation? How much in salaries of clerks, agents, inspectors, and other hangers-on? How much for useless and perishable articles? How much in electioneering for themselves and their favorites? How much of it is appropriated to the legitimate objects which the Sanitary Commission started out to accomplish? We call for the vouchers.

Where do you live?

In various ways we have tried to call the attention of correspondents to the importance of giving their residence in full in their communications, naming Post Office, County and State. Yet we are in constant receipt of letters, containing considerable amounts of money, in which not only one or all the essential particulars named, but even the signature are wanting. Out of thirty letters taken from the post office to-day, (Jan. 18,) nine do not name the State whence they are sent, and they come from six different States! And this, be it understood, is an every day occurrence. It sometimes costs us much time before we can find out from whom we receive remittances!

Physometra.

A correspondent writes:—"What is this? A lady, the mother of four children, complains, soon after confinement, of what she calls 'wind in the womb!' She has had the same trouble after the birth of each child. It continues for months, and is at times very troublesome. She gets on her hands and knees in bed, and after much pain gas escapes per vaginam, after which she has ease for a day or two, when it returns till relief is obtained in the same way. What is it? and what is the treatment for it?"

It is in all probability physometra, and is no doubt caused by decomposition of portions of placenta or clots of blood retained within the uterus. Our correspondent says nothing about the habit of the patient during confinement, as to the delivery of the placenta entire, post partum hemorrhage, the continuation of the lochial flow, and whether normal in quantity or quality. The distressing symptoms might be relieved by the introduction of a catheter into the womb through the os; tonic contractions of the uterus might be aided by the judicious use of the binder, and by the exhibition of ergot, and tonics, such as iron, quinia, bark or the simple bitter tonics, and by proper attention to the general health of the patient.

Correspondence.

FOREIGN.

LETTERS FROM DR. W. N. COTE.

PARIS, Dec. 31, 1863.

Yerba de Flecha—A Curious Plant.

An English paper, the *Weekly News*, informs us that a gentleman of San Francisco lately received from Mexico some seeds, which exhibit the most extraordinary phenomena. They are of a tree called *yerba de flecha*, or arrow tree. When placed on the ground or on a sheet of paper, they move about, at first slowly, then more rapidly, till at last they jump about like so many peas on a hot iron. The tree itself is very curious: the juice from its leaves is a powerful poison, much used by the Indians to steep the points of their arrows in, from which a wound is mortal. When first wounded, convulsions of a most extraordinary kind take place: the victim jumps and bounds about as if under galvanic influence, and dies in a sort of "perfect cure" fashion in about an hour after the injury is inflicted. The wonderful way in which the seed hops about is explained by the supposition that there exists in them a great amount of electric fluid, and that placing them in contact with certain things occasions their movement. This is quite a nut to crack for the scientific. Might not the seed be used for curing paralysis and those diseases in which there is loss or diminution of the nervous power?

Spontaneous Generation.

The dispute between M. PASTEUR and the partisans of spontaneous generation, still continues. To M. PASTEUR's last reply, in which, you will remember, he contended that if MM. POUCHET, JOLY, and MUSSET had obtained infusoria and microscopic plants in glass balloons filled with air at the top of the Maladetta, in the Pyrénées, it was all owing to their not having operated upon a sufficient number of balloons. M. POUCHET, in his last communication to the Academy of Sciences, now opposes new facts. Dr. KOLB, a well known explorer of the Alps, having sent him some balloons filled with air taken on the top of Mont Blanc, at an altitude of 14,800 feet. Each of these balloons had a capacity of 250 cubic centimetres, and in order to make sure of their not containing any spores or germs, they had been filled with boiling water. On arriving at the spot where he proposed taking the air, Dr. KOLB opened his balloons, taking care to keep their mouths turned away from the wind, and taking other precautions besides, such as keeping his guides at a distance that no minute particle might come from them. The air went in as the water ran out; the orifice was then stopped up, and luted with copal varnish and vermillion. Four of these balloons were sent to Rouen, where they arrived safe. Two of these receivers were then dipped by M. POUCHET, neck

downward, into a decoction of clover, which had been boiling for an hour, and was still very nearly at boiling point. The stoppers were removed in the decoction, part of which immediately rushed in, owing to the rarefaction of the mountain air, another proof that the receivers were perfectly air-tight on their arrival. The orifices were stopped in the decoction, and then immediately plunged into mercury, kept for an hour at a temperature of 160 degrees. On the third day the decoction, which occupied about a third of the capacity of each receiver, showed signs of decomposition, and it became evident that infusoria were being generated. Observed by the aid of a microscope, it was found full of living monads, of a size between the *monas lens* and the *monas crepusculum*; there were also *spirilla* and *bacteria*. Similar results were obtained from air taken on the top of Mont Buet, at an altitude of 9,500 feet, and from some other air taken at the top of Mont Rosa. Here, therefore, we have spontaneous generation from a decoction of clover introduced in a boiling state, and, therefore, incapable of containing any living germ, into a receiver containing air from the highest peaks of Europe, and which, by M. PASTEUR's own showing, does not contain germs.

Hygiene of Camps and Armies.

At the last sitting of the Academy of Sciences, Professor JULES CLOQUET gave an analysis of the work lately published by Dr. SHRIMPTON, of Paris, on the hygiene of camps and the sanitary service of the field hospitals in the French and English armies during the war in the Crimea, a work which I mentioned in a former letter. Dr. SHRIMPTON, he stated, had shown the superiority of the military administration of France over that of England in all that relates to the installation and victualling of an army in the field; but he prefers the English installation in barracks and hospitals. To the excellent system of ventilation established in the huts and hospitals of the English army, Dr. SHRIMPTON attributes the rarity of typhus, dysentery, and cholera, whilst those terrible epidemics made great ravages among the French soldiers and wounded. In reference to this matter, the reporter observed that it was by avoiding crowding and by establishing a good system of ventilation in the hospitals installed at Brescia, after the battle of Solferino, that Baron LARREY, Surgeon-in-Chief of the French Army, succeeded in preserving so many wounded from those formidable epidemics.

Motor Nerve of Bladder.

Dr. JULES BUDGE expresses the opinion that the great sympathetic nerve is not the motor nerve of the bladder, as hitherto believed. His experiments tend to prove:

1. That the only motor nerves of the bladder will be found in the third and fourth sacral branches.
2. That the sensitive nerves of the bladder communicate through the lumbar sympathetic branches, and hence, by the *rami communicantes*, with the spinal cord, and produce the reflex action of the bladder.

3. That by irritating the rachidian bulb and the peduncle of a dog, motions of the bladder may be produced.

Puerperal Fever.

Dr. ESPAGNE publishes six observations on puerperal fever, made at Montpellier, and compared with the meteorological state of the atmosphere. He regards the influence of rain and damp winds as exceedingly active in producing that grave malady. The most severe cases have been observed to happen in the month when the atmosphere was most humid. Besides puerperal fever, all diseases characterized by want of reaction, such as diphtheria, infantile erysipelas, phlegmonous inflammation, etc., are more frequent during the prevalence of this atmospheric constitution.

W. N. CÔTE.

DOMESTIC.

LETTER FROM NEW YORK.

The New (or Old) Anæsthetic.

EDITOR MEDICAL AND SURGICAL REPORTER:

Sir:—Being informed that you take an interest in the question as to whom the honor belongs of having discovered and made practical anæsthesia, I ask leave to bring to your notice some facts within my own knowledge, which would seem to conclude the whole matter.

No one, I think, who has taken pains to examine the evidence on the subject, can doubt that the honor of the discovery belongs to the late Dr. HORACE WELLS, of Hartford, Connecticut. He made his discovery at one of my "exhibitions" of the "nitrous oxide gas," in the city of Hartford, on the evening of the 10th of December, 1844, and the next day he brought that discovery to the test of an experiment on himself. I, at his request, administered to him the gas, and Dr. BIGGS, a dentist, extracted one of his large molar teeth without the slightest pain. The success of the operation surprised us all. This was, no doubt, the first successful trial of an adequate anæsthetic agent, and led to all that has since followed in this beneficent line of effort.

He attempted to establish the truth and value of his discovery in Boston, soon after, calling on Dr. JACKSON, Dr. MORTON and many Dentists of that city. These facts are established by an elaborate and unanimous report on the question "who discovered anæsthesia," made to the New York Legislature at the session of 1860, by the Medical Society of that State. This report contains an exhaustive consideration of the claims of WELLS, JACKSON and MORTON, arriving at the conclusion that to WELLS alone belongs the honor of the discovery. The facts are also established by many depositions, gathered and published in a volume on "anæsthesia," prepared by the Hon. TRUMAN SMITH. By these depositions Mr. SMITH shows that Dr. WELLS was in the

constant and successful use of the nitrous oxide gas as an anæsthetic, in the city of Hartford, during nearly the whole of 1845. He occasionally used ether, but preferred the nitrous oxide for a brief operation, like the extraction of teeth. During this time the subject of anæsthesia had not obtained any hold on the public mind, except in the city of Hartford. The discoverer encountered almost insuperable incredulity. It could not be believed that *any* substance could be breathed so as to destroy pain in surgical operations! Surgeons and the medical profession treated the subject as chimerical. It is no wonder that Dr. WELLS, (a dentist,) made very slow progress in the introduction of his new discovery.

In December, 1845, Dr. WELLS went to Europe to bring out his new invention, during his absence Drs. JACKSON and MORTON commenced a series of experiments with ether, to determine what there was in this discovery; their experiments proved successful; their next step was to secure a patent, which they applied for in the month of November, 1846, nearly two years after WELLS made and demonstrated his discovery. Before it was issued JACKSON assigned his interest in the patent to MORTON, therefore the patent was issued in the name of MORTON. This, be it remembered, was all done in the absence of WELLS. On the return of WELLS to this country a discussion commenced between him and MORTON as to the origin of the discovery, during which WELLS died, leaving a widow in indigent circumstances with no means to prosecute the matter, consequently MORTON had the field clear to tell his own story. By the disinterested and unpaid labors of the Hon. TRUMAN SMITH the testimony was gathered which establishes beyond cavil the truth of the above statements.

At the time of the death of WELLS, very few people, aside from eye-witnesses, had any faith in either nitrous oxide or ether as an anæsthetic. After this event the nitrous oxide was superseded by the use of ether, so far as any anæsthetic was used. Ether could be purchased at any drug store, while it required expensive apparatus and some chemical knowledge to make the nitrous oxide, so that for twenty years past the nitrous oxide has hardly been thought of as an anæsthetic, till I revived it in May last, in New Haven, Connecticut. I there announced that I believed the nitrous oxide was a safe and efficient anæsthetic for the extraction of teeth, and on account of its harmlessness, was far superior to ether or chloroform. I arranged with Dr. SMITH to extract teeth by this new (or old) anæsthetic, and in the space of three weeks and two days we extracted over eight thousand teeth, and without any pain to the patients. I then came to New York and established the "COLTON Dental Association" and have administered the gas, up to the present time, for the extraction of about eight thousand teeth. We find it works with far more certainty and uniformity than ether or chloroform, for we have never yet found a patient whom we could not put into a profound sleep. In no instance has any injurious effect attended the operation. We have given it to persons

suffering from almost all sorts of disease, nervous debility and weakness and heart disease, including many cases of far gone consumption, with no ill effects. In no instance have patients complained of pain. In a very few cases, where a large number of teeth have been extracted at a sitting, and several doses had to be given, a little blood would be swallowed and nausea would result. With these rare exceptions, not the slightest unpleasant effects have followed.

We have never had a patient who had previously taken ether or chloroform that did not warmly express his preference for nitrous oxide. Hundreds of dentists who were, at first, skeptical about the nitrous oxide *on seeing its operation*, have given it their warmest commendation, and I do not now know of one in New York, who does not prefer it to ether or chloroform. The opinion on this subject, so far as I have been able to learn, is universal, and a large number send us their patients requiring the extraction of teeth.

I think these facts ought to satisfy the medical and other profession and public, that for a brief surgical operation, the nitrous oxide gas is the best anesthetic known. I have no doubt that if desired, I could keep the patient in an anaesthetic state for fifteen minutes or more. Instead of producing anaesthesia by depressing the vital forces, and diminishing the circulation of the blood in fact, approaching the point of death, the gas produces anaesthesia from the very opposite cause, from *over exhilaration*, and from an increased and more highly oxygenized condition of the blood. A small dose of nitrous oxide or ether or chloroform will exhilarate, a larger induces sleep. But ether and chloroform act directly on the nerves, and as a *stimulant*. A consequent reaction and depression follows. The nitrous oxide is not a stimulant, and does not act directly on the nerves at all. The gas is taken into the lungs and is rapidly absorbed by the blood, producing a highly oxygenized condition of that fluid. This highly purified blood acts as an *exhilarant* on the nerves. (There is a wide difference between an exhilarant and a stimulant.) The anaesthesia is produced by *over exhilaration*. There is no reaction or depression following its inhalation. When I say this, I but reiterate what all works on chemistry state. I speak also from an experience of twenty years with the gas.

I call nitrous oxide the new anesthetic, because I have after a long interval, revived the use of it. But it is in fact the old anesthetic of HORACE WELLS, and I rejoice that Providence has permitted me to live and demonstrate the truth and validity of his great discovery. Surgeons, physicians and dentists from any part of the country who may desire to verify the truth of the above representations, are invited to call and witness the operations at the rooms of the COLTON Dental Association, 23 Bond street, New York.

Respectfully,

G. Q. COLTON.

Jan. 13th, 1864.

Army and Navy News.

Court-Martial Ordered in the Case of Surgeon-General Hammond.

The following order has been issued from the War Department:

WAR DEPARTMENT, ADJUTANT-GENERAL'S OFFICE,
WASHINGTON, D. C., Jan. 16, 1864.

Special Orders No. 24—[Extract].

19. By direction of the President, a General Court-Martial is hereby appointed, to meet in this city, at 12 o'clock, M., on the 19th day of January, 1864, or as soon thereafter as practicable, for the trial of Brig.-Gen. W. A. Hammond, Surgeon-General U. S. Army, and such other prisoners as may be brought before it.

The Detail for the Court, is:—

Maj.-Gen. R. J. Oglesby, U. S. V.
Brig.-Gen. W. S. Harney, U. S. A.
Brig.-Gen. W. S. Ketchum, U. S. V.
Brig.-Gen. G. S. Green, U. S. V.
Brevet Brig.-Gen. W. W. Morris, Colonel 2d U. S. Artillery.
Brig.-Gen. A. P. Howe, U. S. V.
Brig.-Gen. J. P. Slough, U. S. V.
Brig.-Gen. H. E. Paine, U. S. V.
Brig.-Gen. J. C. Starkweather, U. S. V.
Major John A. Bingham, Judge Advocate, Judge Advocate of the Court.

No other officers than those named can be assembled without manifest injury to the service.

By order of the Secretary of War.

E. D. TOWNSEND,
Ass't Adj't-General.

Hospital and Ambulance Flags.

WAR DEPARTMENT, ADJUTANT-GENERAL'S OFFICE,
WASHINGTON, Jan. 4, 1864.

General Orders No. 9.

The hospital and ambulance flags of the army are established as follows: For General Hospitals, yellow bunting 9 by 5 feet, with the letter H, 24 inches long, of green bunting in centre.

For Post and Field Hospitals, yellow bunting 6 by 4 feet, with letter H, 24 inches long, of green bunting, in centre.

For ambulances and guidons to mark the way to field hospitals, yellow bunting 14 by 28 inches, with a border, one inch deep, of green.

By order of the Secretary of War.

E. D. TOWNSEND,
Ass't Adj't-General.

Percentage of Furloughs.

WAR DEPARTMENT, ADJUTANT-GENERAL'S OFFICE,
WASHINGTON, Jan. 2, 1864.

General Orders No. 2.

The percentage of men allowed to be absent at one time under the authority given in General Orders No. 391, of 1863, to grant furloughs to enlisted men in hospitals, is changed from five to twenty per cent.

By order of the Secretary of War.

E. D. TOWNSEND,
Ass't Adj't-General.

Artificial Arms.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, D. C., Jan. 14, 1864.

Circular Letter.

The Board of Medical Officers, assembled at the City of Philadelphia, for the purpose of examining the different models submitted to them for an artificial arm, having reported in favor of Selpho's model for cases of amputation below, and the Lincoln model above the elbow-joint, you are authorized to order artificial arms, from these manufacturers, for soldiers who may be entitled to receive them, under the same instructions as heretofore published for artificial limbs, the price not to exceed fifty dollars (\$50).

In compliance with the recommendation of the Board, when a soldier may desire to purchase "the more elegant and expensive arm of Palmer," fifty dollars will be allowed toward payment for the same, upon a written application to that effect to a Medical Director, who will satisfy himself that the transaction has been carried out in good faith.

By order of the Acting Surgeon-General.

C. H. CRANE, Surgeon U. S. A.

Appointed.

John A. Roderigo, of Penn's; James M. McMasters and Grove M. Willis, of Illinois; Charles Redfield and William

T. Evans, of Maryland; Thomas Brown, 4th U. S. Artillery; George Blunkhorn and James K. Dunbar, of Penn'a; Henry J. Anderson, of New York, and Clark H. Griggs, of Connecticut, have been appointed Hospital Stewards in the United States Army.

Changes.

The following assignment of medical officers is hereby made:—

Ass't Surgeon Wm. Carroll, U. S. V., now on duty at Cumberland Hospital, Nashville, Tenn., to report to the Commanding General, Army of the Potomac, to relieve Ass't Surgeon Horatio B. Buck, U. S. V. Ass't Surgeon Buck, on being relieved, to report to the Medical Director, at Cincinnati, Ohio, for duty.

Ass't Surgeon W. W. Wythes, U. S. V., now on duty at General Hospital, Nashville, Tenn., to report to the General commanding Department of the Ohio, to relieve Ass't Surgeon Edwin Freeman, U. S. V. Ass't Surgeon Freeman, on being relieved, to report to the Medical Director, at Cincinnati, Ohio, for duty.

Ass't Surgeon Chas. F. Haynes, U. S. V., now on duty at Cumberland Hospital, Nashville, Tenn., to report to the General commanding the Army of the Potomac, to relieve Ass't Surgeon Franklin Grube, U. S. V. Ass't Surgeon Grube, on being relieved, to report to the Medical Director, at Cincinnati, Ohio, for duty.

Ass't Surgeon C. S. De Graw, U. S. A., is relieved from duty in the Campbell General Hospital, Washington, D. C., and will report in person, without delay, to the Commanding General, Department of the Tennessee, for assignment to duty with the 1st Battalion, 13th U. S. Infantry.

Surgeon Josiah Curtis, U. S. V., is relieved from duty in the Department of the Susquehanna, and will report in person, without delay, to Ass't Surgeon-General Wood, at Louisville, Ky., for duty in the field.

Surgeon A. Crispell, U. S. V., is relieved from duty in the Department of the South, and will report in person, without delay, for duty to Major-General Dix, commanding Department of the East.

Ordered to Report.

Surgeon M. K. Hogan, U. S. V., will report in person, without delay, to Surgeon Thomas Antisell, U. S. V., President of the Army Medical Board, now in session at Washington, D. C., for duty as a member of that Board, and to Surgeon R. O. Abbott, U. S. A., for duty attending sick and wounded officers, at Washington, D. C.

Surgeon John McDonald, U. S. V., now on sick leave at New York City, has been ordered to report to the Board for the examination of sick officers, now in session at Cincinnati, Ohio.

Hospital Steward Daniel W. Jacobs will report in person, without delay, to Surgeon R. H. Alexander, U. S. A., Medical Director, at New Orleans, La.

Amended Orders.

Surgeon Matthew McEwen, 2d West Virginia Cavalry, dismissed by Special Orders No. 427, from the War Department, is restored to his command, with pay from the date on which he joins his regiment for duty, provided the vacancy has not been filled, evidence of which must be obtained from the Governor of West Virginia.

So much of Special Orders No. 575, paragraph 22, series of 1863, from the War Department, as discharged Surgeon B. J. Betzheim, 10th Illinois Vols., is revoked, and Surgeon Betzheim is discharged the service of the United States by resignation, as of the date of the aforesaid discharge.

So much of Special Orders No. 438, series of 1863, from the War Department, as dishonorably mustered out of the service of the United States Surgeon Geo. W. Avery, 11th New York Artillery, has been revoked, and he is honorably discharged, to date from the consolidation of the regiment to which he then belonged, and the disability for his reappointment is removed.

Ass't Surgeon Simon C. Saenger, 6th New York Cavalry, dismissed by Special Orders No. 516, series of 1863, from the War Department, is restored to his former position, with pay from the date at which he rejoins his regiment for duty, provided the vacancy has not been filled, evidence of which must be obtained from the Governor.

So much of Special Orders No. 5, of January 5th, 1864, from the War Department, as directed Surgeons Cyrus N. Chamberlain and Charles L. Allen, and Ass't Surgeon R. W. Pease, U. S. V., to report to the Major-General commanding Army of the Potomac, to relieve Surgeons Chas. O'Leary, Thomas Sim, and Geo. L. Panceast, U. S. V., respectively, is so amended as to direct Surgeons Chamberlain and Allen and Ass't Surgeon Pease to report to the Major-General commanding Army of the Potomac for assignment to duty, and to relieve Surgeons O'Leary, Sim and Panceast.

So much of Special Orders No. 5, of January 5, 1864, from the War Department, as directed Surgeon C. L. Alien, U. S. V., to report to the Commanding General, Army of the Potomac,

is revoked, and he will report in person, without delay, to the Commanding General, Department of the South, for assignment to duty.

Resigned.

The resignation of Surgeon D. W. Hartshorn, U. S. V., has been accepted by the President, to take effect January 8, 1864.

The resignation of Lieut.-Col. Wm. H. Mussey, Medical Inspector, U. S. A., has been accepted by the President, to take effect January 1, 1864.

Leave of Absence.

The leave of absence granted Chaplain W. C. Smith, U. S. A., from Headquarters, Department of the Ohio, December 31st, 1863, has been extended ten days.

The permission to delay reporting to his regiment, heretofore granted Ass't Surgeon P. R. Thoms, 59th Illinois Vols., a released prisoner of war, is extended ten days.

Discharged.

Hospital Steward Peter Gabrielson, U. S. A., is honorably discharged the service of the United States, to enable him to accept the appointment of Ass't Surgeon in the 1st Minnesota Vols.

Dismissed.

Surgeon Michael D. Benedict, 75th N. Y. Vols. (published officially December 14, 1863), having failed to appear before the Military Commission, instituted by Special Orders No. 53, series of 1863, from the War Department, within the prescribed time, is, by direction of the President, dismissed the service of the United States, to date December 14, 1863.

Surgeon Wm. H. Palmer, 9th Michigan Vols., has been dismissed the service of the United States, by direction of the President, for conduct prejudicial to good order and military discipline.

News and Miscellany.

Remarkable Instance of Fecundity.

We have some kind friends abroad, who are impatiently looking for our "exhaustion" as a nation. True, we are sacrificing full too many victims to the god of war, but by immigration and by home production we are not likely to lack material to supply the wants of the country. As an instance of the latter source of supply, we quote the following from a communication by Dr. M. M. POKEROV, of La Crosse, Wisconsin, to the *Boston Medical and Surgical Journal*:

Mrs. G. H., aged 23 years; German; temperament, nervous sanguine; stature, four feet ten inches; weight, in usual health, one hundred and twenty pounds; muscular system well developed; form good; eyes light blue; hair auburn.

History.—Has never been sick since her first menstruation, which occurred when she was in her thirteenth year, on which occasion she was sick nearly two weeks. Since that time she has enjoyed almost uninterrupted good health, except when pregnant. She was married, if I am informed correctly, in November, 1860, and became pregnant in December of the same year. I was called to accouche her in August, 1861, in her first confinement. The labor was natural, the vertex of each child presenting. Pains regular. She was delivered, in twenty hours, of two living and one dead male children. Her convalescence was rapid. Dismissed the case Sept. 5th.

I did not see her again until June, 1862, when I was sent for to accouche, and delivered her of three males (two living) and one female, living. The first (a female) presented the breech; second, left shoulder; third and fourth, vertex. Convalescence tedious and protracted, with delirium. Dismissed the case July 17th. After that time I did not see her till called again, August 5th, 1863. Was called at half past 3 A. M.; arrived at the house at 6, A. M. On examination, found the membranes ruptured and the left foot presenting. Delivered her of a healthy male child, at 8, A. M., and delivered her in fifty-three minutes of two living female children, both presenting the vertex. Convalescence complete on the seventeenth day.

She is now in good health, and when I saw her, on the 3d inst., she informed me that she was again pregnant. Such is the history of this remarkable instance, as taken from my case-book. Want of time prevents my giving the details and all the minutiae of the case, which is looked upon in the West as very remarkable.

Mrs. H. is a very pretty looking woman, good complexion, inclined to sociability, but more given to housework than parlor accomplishments. Her husband was drafted, but the citizens kindly raised three hundred dollars for his exemption, and he remains at home, being now in the employ of Rev. B. Mills, on a farm.

ANSWERS TO CORRESPONDENTS.

RE Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and STATE from whence their letters are sent.

Dr. D. B., Ky.—There is no work published in this country on the preparation of Anatomical Specimens. A work by Parsons, published many years ago, is out of print. Abroad, we know of no publication on the subject in the English language, except the little one of Gannal, which can be had of Wm Wood, Publisher, 61 Walker St., New York. The price is 50 cents.

Dr. T. W. J., N. Y.—We cannot find Southwood Smith's work on cholera. It is not named in the extensive medical catalogues of Churchill & Sons, of London, and Wood, of New York. We will write shortly to our London agent, and see if it can be procured there.

Dr. M. L. M., Mich.—Your Hand Book was mailed to you on the 19th inst.

Dr. A. F., Mich.—Pareira's Prescription Book and How to Nurse Sick Children were mailed to you on the 19th inst.

Dr. C. B., N. J.—The books ordered by you were forwarded by Howard's Express, on the 19th inst.

Dr. T. G. C., N. J.—We accidentally came across, in New York, a copy of each of Channing and Flagg on Etherization, which we thought you would still like to have, and have therefore expressed them to you on the 20th inst. ■

MARRIED.

ABBOTTE—SULLIVAN.—In Woburn, Mass., on the 7th inst., by Rev. J. S. Kennard, Dr. Samuel W. Abbott, U. S. N., and Miss Martha W. Sullivan.

FLAGG—BOGART.—On Wednesday, Jan. 6, by the Rev. P. P. Irving, Dr. Samuel D. Flagg, Jr., U. S. N., and Mary C., daughter of Dr. S. N. R. Bogart, of New Brighton, Staten Island.

LEWIS—GIBSON.—On the 6th inst., by the Rev. Dr. F. T. Brown, at the residence of the bride's father, Dr. E. H. Lewis, of Nashville, Tenn., and Miss Jessie Gibson, of Georgetown, D. C.

OSTRANDER—WILLIAMSON.—On Wednesday, Jan. 13, at the North Reformed Dutch Church, New York, by Rev. Dr. Hardenbergh, Dr. Geo. A. Ostrander, of Brooklyn, and Maria W., daughter of Stephen H. Williamson, Esq., of New York.

QUINBY—SNEDEN.—At Grace Church, N. Y., on Tuesday, Jan. 12, by Rev. Francis Vinton, D. D., Dr. Geo. A. Quinby, of Morristown, N. J., and Mary Gamble, eldest daughter of John Sneden, of Brooklyn, L. I.

QUINN—PENN-GASKELL.—In this city, on Wednesday, the 13th inst., by the Rev. Dr. Ducachet, Dr. John Paul Quinn, U. S. N., and Emily, youngest daughter of P. Penn-Gaskell, Esq.

SHAW—SMITH.—At the residence of the bride's mother, on Dec. 24th, by Rev. M. L. Gardner, W. W. Shaw, M. D., of Shawsville, Pa., and Miss Carrie J. Smith, of Clearfield, Pa. ■

DIED.

COLLINS.—At Great Barrington, Mass., on Sunday, Jan. 10, Glenville, only son of Dr. Clarkson T. Collins, formerly of New York, aged 16 years and 6 months.

Also, on Sunday, Jan. 17th, his only surviving child

ANNIE, aged 5 years and 10 months.

ROWE.—On Tuesday morning, Jan. 12, of typhus fever, contracted while in the performance of his duty as a member of the Medical Staff of Bellevue Hospital, N. Y., Eugene O. Rowe, M. D., youngest son of James Rowe, Esq., of Sing Sing, in the 22d year of his age.

SIBLEY.—In Lodi, Ohio, Jan. 5, 1864, of typhoid fever, Mary Edwina, daughter of Dr. Edwin H. and Mary A. Sibley, aged 14 years.

VAN BUREN.—In New York, on Saturday, Jan. 9, of typhoid fever, William A., only son of Dr. Wm. E. and Louisa Van Buren, grandson of Dr. Valentine Mott, aged 16 years and 10 months. ■

OBITUARY.

Dr. Francis Boott.

The last mail from England brings the intelligence of the death, in London, of Dr. FRANCIS BOOTT, a gentleman well known in a large circle of friends in this country. Dr. Boott was a native of Boston, and graduate of Harvard University, the class-mate of many eminent men. He has for more than forty years resided in England, a practitioner of his profession, and a devoted and modest laborer in the exhaustless field of natural science. He was a personal friend of the late Dr. WM. DARLINGTON, of West Chester, Pa. Dr. Boott's house, in London, was always the centre of a generous and refined hospitality, where Americans were proud and happy to meet.

METEOROLOGY.

January	11.	12.	13.	14.	15.	16.	17.
Wind.....	N. W.	W.	S. W.	S. E.	S. W.	N. W.	S. W.
Weather....	Clear.	Clear.	Clear.	Cl'dy.	Cl'dy.	Clear.	Clear.
Depth Rain....							
<i>Thermometer</i>							
Minimum.....	11°	16°	18°	18°	20°	22°	20°
At 8 A. M.	18	19	19	24	35	26	21
At 12 M.	27	31	35	40	40	32	35
At 3 P. M.	30	31	35	40	41	31	38
Mean.....	21.5	24.2	26.7	30.5	34	27.7	28.5
<i>Barometer</i>							
At 12 M.	30	30	29.9	30.1	29.9	30.5	30.4
<i>Germantown, Pa.</i>							
							B. J. LEEDOM.

MORTALITY.

Popl'n. (estimated.)	Philadelphia, Week ending January 16,	New York, Week ending January 18,	Baltimore, Week ending January 18,	Boston, Week ending January 16,	Providence, Month of December,		
						Mortality.	52,000
Male.....	167	296	69	71	68		
Female.....	163	281	41	50	61		
Adults.....	162	278	37	64	75		
Under 15 years.....	152	28	70	57	41		
Under 2 years.....	97	16	22	43*	25		
Total.....	330	577	110	121	114		
Deaths in 100,000....	56.89	60.74	45.83	67.21	22.88		
American.....	274	38	...	83	82		
Foreign.....	64	19	...	38	37		
Negro.....	21	15	20	4	8		
ZYMOTIC DISEASES.							
Cholera, Asiatic.....	...	...	...	...	...
Cholera Infantum.....	...	...	...	1	...		
Cholera Morbus.....	...	...	...	...	...
Croup.....	11	28	8	5	5		
Diarrhea.....	1	8	...	1	2		
Diphtheria.....	1	25	2	6	6		
Dysentery.....	3	3	1	1	1		
Erysipelas.....	5	...	...	...	...
Fever, Intermittent.....	...	...	...	...	...
Fever, Remittent.....	...	...	...	...	...
Fever, Scarlet.....	6	39	6	13	13		
Fever, Typhoid.....	10	19	2	2	5		
Fever, Typhus.....	18	22	...	...	...
Fever, Yellow.....	...	...	...	...	...
Hooping-cough.....	...	6	...	...	...
Influenza.....	...	...	...	...	...
Measles.....	1	3	2	...	...
Small Pox.....	1	...	27	...	...
Syphilis.....	1	...	...	...	...
Thrush.....	...	...	...	...	...
SPORADIC DISEASES							
Albuminuria.....	...	9	...	...	...
Apoplexy.....	2	9	...	2	5		
Consumption.....	53	76	16	25	19		
Convulsions.....	18	44	1	4	3		
Dropsey.....	4	19	1	2	3		
Gun-shot Wounds.....	2	...	...	...	2		
Intemperance.....	1	4	...	3	2		
Marasmus.....	6	26	...	4	4		
Pleurisy.....	1	2	1	1	1		
Pneumonia.....	19	50	2	3	5		
Puerperal Fever.....	...	2	...	...	...
Scrofula.....	1	6	...	2	2		
Violence and Acc'ts	8	12	2	2	2		

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent, will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number).